State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-88) Toxic Substances Control Dins Secremento, Celfor print or type. (Form designed for use on elite (12-pitch typewriter). 1. Generator's US EPA ID No. Manifest 2. Page 1 UNIFORM HAZARDOUS Information in the shaded sives Document No is not required by Federal law WASTE MANIFEST CIAI DI9 18 1 11 31 7 9 1 0/4 13 ol do Lob A. State Manday 3. Generator's Name and Mailing Address ASTRO ALUMINUM TREATING CO., INC. 11040 PALMER AVE. SOUTHGATE, CA. 90280 B. State Generator's ID Generator's Phone (213) 923-4344 C |A| D9 |8| 1 5 Transporter 1 Company Name C. State Transporter's ID 1-800-852-7550 US EPA ID Number OMEGA RECOVERY SERVICES, INC-14/01/01/13/31/415/010 D. Transporter's Phone 7 Transporter 2 Company Name US EPA ID Numbe E. State Transporter's 10 F. Transporter's Phone G. State Facility's ID 9 Designated Facility Name and Site Address US EPA ID Number CLAIDIO 14/2/2 CALL OMECH RECOVERY 13504 E. WHITHIER CENTER 1-800-424-8802, WITHIN CALIFORNIA ICIAIDICITIZIZI415101011 WHITIER CA 90602 12. Containers 13. Total Unit Wt/Vo Quantity Waste No. 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) No. Type State HAZARDOUS WASTE LIQUID, N.O.S. G ORME-E, NA 9189 EPA/Other 0 08 DR 0104140 NER State A T O EPA/Other State EPA/Other State EPA/Other NATIONAL RESPONSE K. Handling Codes for Wastes Listed Above a. | b. J. Additional Descriptions for Materials Listed Above 01 d. 15. Special Handling Instructions and Additional Information 뽀 CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable SPILL, international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. OH O EMERGENCY Printed/Typed Name VIVIAN MICHAL 17. Transporter 1 Acknowledgement of Receipt of Materials Month Day Year Signature Ä Printed/Typed Name HERNANDEZ P 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Month Day Printed/Typed Name

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name

FRANK

 ε_{F} C 19. Discrepancy Indication Space

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

Signature

INSTRUCTIONS ON THE BACK

Month Day

1/1/1/18/8/8

DHS 8022 A (1/87) EPA 8700-22 (Rev. 9-86) Previous editions are obsolete. To: P.O. Box 3000, Sacramento, CA 958 2

TOP15